

## AUGUST WIDMER

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APRIL 23, 1958.—Committed to the Committee of the Whole House and ordered to be printed

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Mr. HILLINGS, from the Committee on the Judiciary, submitted the following

### REPORT

[To accompany H. R. 7729]

The Committee on the Judiciary, to whom was referred the bill (H. R. 7729) for the relief of August Widmer, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

#### PURPOSE OF THE BILL

The purpose of this bill is to waive the provision of section 212 (a) (6) of the Immigration and Nationality Act as it related to the exclusion from the United States of persons afflicted with tuberculosis in behalf of August Widmer.

#### GENERAL INFORMATION

The beneficiary is a 54-year-old native and citizen of Switzerland who is a Roman Catholic priest. His admission to this country is sponsored by Rev. Edward A. Leyden, pastor of Christ the King Catholic Church at Denver, Colo., who desires to obtain Father Widmer's services as an assistant pastor.

The pertinent facts in this case are contained in a letter from the Commissioner of Immigration and Naturalization, dated September 30, 1957, to the chairman of the Committee on the Judiciary. That letter and accompanying memorandum read as follows:

DEPARTMENT OF JUSTICE,  
IMMIGRATION AND NATURALIZATION SERVICE,  
Washington, D. C., September 30, 1957.

HON. EMANUEL CELLER,  
*Chairman, Committee on the Judiciary,  
House of Representatives, Washington, D. C.*

DEAR MR. CHAIRMAN: In response to your request for a report relative to the bill (H. R. 7729) for the relief of August Widmer, there is attached a memorandum of information concerning the beneficiary. This memorandum has been prepared from the Immigration and Naturalization Service files relating to the beneficiary by the Denver, Colo. office of this Service, which has custody of those files.

The bill would waive the provision of the Immigration and Nationality Act which excludes from admission into the United States aliens who are afflicted with tuberculosis in any form, or with leprosy, or any dangerous contagious disease and would provide that the alien may be issued a visa and admitted to the United States for permanent residence if he is otherwise admissible under that act, under such conditions and controls as the Attorney General, after consultation with the Surgeon General of the United States Public Health Service, Department of Health, Education, and Welfare, may deem necessary to impose. The bill would also require that a bond be deposited to insure that the alien shall not become a public charge.

The bill does not specifically limit the exemption granted the beneficiary to grounds for exclusion of which the Department of State or the Department of Justice had knowledge prior to the date of enactment of the bill.

Sincerely,

J. M. SWING, *Commissioner.*

MEMORANDUM OF INFORMATION FROM IMMIGRATION AND  
NATURALIZATION SERVICE FILES RE AUGUST WIDMER,  
BENEFICIARY OF H. R. 7729

Information concerning the case was obtained from Rev. Edward A. Leyden, the interested party of the bill.

August Widmer, a native and citizen of Switzerland, was born on February 18, 1904. He is a Catholic priest and at present is serving the Swiss Mission Society, Bethlehem Institute, at Emmensee, Switzerland. He attended the College of the Bethlehem Mission Society at Emmensee, Switzerland from 1919 to 1925 and the society's seminary from 1925 until 1930. He was ordained on April 13, 1930. For a period of 20 years, beginning in 1931, he served in China in various capacities, including that of a missionary, rector of a seminary, and as director of St. Michel's and St. Mary's Colleges.

The beneficiary was arrested by the Communists in China and expelled from that country. Since 1951 he has served as a cleric in many parishes in Switzerland, except for a period of about a year when he was an interpreter with the Swiss Delegation of the Neutral Nations Supervisory Commission in Korea. His parents are deceased. His two sisters and two brothers reside in Switzerland.

The beneficiary was refused a visa in April 1956 by the American consul at Zurich, Switzerland on the ground that he was afflicted with tuberculosis.

Rev. Edward A. Leyden is pastor of Christ the King Catholic Church at Denver, Colo. He is not personally acquainted with the beneficiary but has learned of his qualifications through correspondence with him and through interviews with other priests in the Bethlehem Institute who are now in Colorado and who have personal knowledge of Father Widmer. Father Leyden urgently wants to obtain the services of the beneficiary as an assistant pastor and has advised that there is a critical shortage of Catholic clergymen in the United States. Father Leyden is a native and citizen of the United States. He is a veteran of World War II and his services in the United States Army Chaplain Corps has been continuous since 1942. His rank is major. He is also State chaplain of the Colorado National Guard.

The Acting Director of the Visa Office, Department of State, submitted the following report on this bill:

DEPARTMENT OF STATE,  
Washington, October 8, 1957.

Hon. EMANUEL CELLER,  
*Chairman, Committee on the Judiciary,*  
*House of Representatives.*

DEAR MR. CELLER: I refer to your letter of May 29, 1957, requesting a report in the case of August Widmer, beneficiary of H. R. 7729, 85th Congress, introduced by Mr. Rogers on May 22, 1957.

A report received from the American Consulate General at Zurich, Switzerland, states as follows:

"The records of the consulate general show that from November 26, 1952, until January 24, 1955, action in Father August Widmer's case was suspended on the basis of medical deferrals. On the latter date the examining physician, in consultation with the United States Public Health Service officer from Munich, issued a Class A certificate for pulmonary tuberculosis. A memorandum of refusal was then completed and the applicant was notified that he might reapply without prejudice whenever he was able to furnish a satisfactory medical certificate.

"A second Class A medical certificate was received by the consulate general on January 25, 1956, since which time nothing further has been heard from the applicant.

"Upon receipt of the OMV under reference, the consulate general telephoned the visa panel physician for information on the present status of the case. The physician stated that if the applicant were willing to undergo surgical treatment, he could probably qualify for admission under United States Public Health Service standards, but

without surgery it did not appear likely that he could ever qualify since the regulations relating to tuberculosis are strict. He further stated that the applicant had been so informed on more than one occasion, but had shown no inclination to undergo surgery and had not presented himself for further control examinations since June 1956.

"The consulate general believes that the adverse medical report is the only disqualifying factor in Father Widmer's application for an immigrant visa."

Sincerely yours,

FRANK L. AUERBACH,  
*Acting Director, Visa Office.*

Mr. Rogers of Colorado, the author of H. R. 7729, appeared before a subcommittee of the Committee on the Judiciary and testified in support of his bill, as follows:

August Widmer, age 54, is a native and citizen of Switzerland, an ordained priest since 1930, who served 20 years as a missionary in China and was imprisoned by Communists. He returned to Switzerland in 1951, and served as interpreter with Swiss Delegation of the Neutral Nations Supervisory Commission in Korea for 1 year, 1953-54. Since that date, he has been serving the Swiss Mission Society of Bethlehem Institute, at Emmensee, Switzerland.

A visa was denied in April 1956, because of an affliction with tuberculosis. A copy of medical examination report is submitted. His afflictions does not prohibit his doing regular work and the report indicates surgery would correct his physical condition, but he does not desire to submit to surgery.

Rev. Edward A. Leyden, 845 Fairfax Street, Denver, Colo., desires to obtain the services of beneficiary as an assistant pastor in connection with work at Christ the King Catholic Church.

Father Leyden has the facilities to properly care for beneficiary of this bill, and will use his best efforts to properly adjust him in the United States. His services are needed as an assistant pastor, and any medical attention necessary will be received in this country.

ALBERT WERNLI-HAESSIG, M. D.,  
SPECIALIST IN PULMONARY DISEASES, F. M. H.,  
*Zurich, July 4, 1956.*

H. H. P. AUGUST WIDMER,  
*Missionhouse Bethlehem,  
Emmensee, Switzerland.*

MOST REVEREND FATHER: In May 1951, on the occasion of a routine physical examination, it was found that you had tuberculosis of the right upper lobe of the lung. Therefore you have been denied a visa to enter the United States of America. Since May 1953, Dr. Fingerhuth has suggested to you the operative removal of the tuberculous parts of your lung in order to qualify you for the United States visa. Your superiors wish to know the opinion of another specialist for pulmonary diseases. Therefore, Dr. Fingerhuth suggested that I render this opinion. He furnished me with a detailed history of your case and with all your X-ray pictures.



He states in his letter, that during the entire course of your observation there have never been clinical or bacteriological signs for an active tuberculosis. You are free of subjective symptoms and feeling entirely well.

The revision of your X-ray series reveals the following:

The chest X-ray of May 26, 1951 shows a flattening of the left diaphragm, signs of a previous pleurisy. This is a consistent finding on all your chest X-rays. In the right upper lung field there is slightly hazy density, size of an almond; from there a density, approximately 1 centimeter in length and 1-2 millimeters in thickness continues peripherally.

The second picture of November 26, 1952 shows the density in the right upper lobe to be markedly enlarged, now measuring approximately 2.5 centimeters in diameter. On January 9, 1953 and on May 1, 1953 the density measured only approximately 1.2 centimeters in diameter.

On April 26, 1955 the density again appeared enlarged to the size of an almond and remained unchanged until January 25, 1956. The other lung fields continued to be free of pathological changes.

More precise information about the density described above was obtained by means of tomographic studies on January 30, 1956. These reveal the tuberculous process to be located in the outer portion of the upper lobe, extending from behind forward through the entire upper lobe. The process has the size of a date posteriorly (secs. 8 and 9), assumes the size of an almond in section 10 and 11, and in section 12 continues in form of two paired, sharply delineated densities, which reunite in the area of the anterior ribs.

Impression: In the presence of scars after a preceding pleuritis on the left and the density in the right upper lung field, which initially enlarged and for the past 3 years did not show any changes, the diagnosis of pulmonary tuberculosis is safely established as shown by the tomographic studies.

We are dealing with a circumscribed tuberculous process, which in the literature is described as "tuberculoma" or "round focus."

What is the significance of such a "round focus"? There are the following possibilities as to the future course:

1. It may disappear in the course of years. In your case it did not.
2. It may remain unchanged in form of a scar.
3. It may suddenly undergo lignifying necrosis and form a cavity (a tuberculous pustule) which if not treated promptly marks the beginning of generalized (progressive) pulmonary tuberculosis (phthisis). In your case, the possibilities 2 and 3 still exist. Even after a relatively long course of observation there is no guaranty for the process to remain benign.

For this reason, it is the opinion of the pulmonary surgeons that round foci must be removed. Just 2 weeks ago at the colloquium for thoracic surgery, I heard Professor Brunner express the opinion, that round-foci of the size of a cherry or larger are to be removed surgically.

In my practice, however, I do not adopt this radical point of view. Frequently enough such round foci are discovered in individuals who are feeling perfectly well. When we talk to these people about surgical removal, their first reply is: "What happens if I do not submit to surgery?" My answer is always: "Since you have never been treated with the modern drugs, we are justified to wait and see whether or not

the transformation into a cavity will ever occur." Even if such a cavity should form we will be able to control the process with the modern drugs and make a cure possible.

There are, however, two important reasons for the prophylactic removal of the tuberculoma. These are (1) your plan to go to the Tropics or otherwise outside of the facilities of modern tuberculo-static therapy and (2) your intention to work as a priest in the United States of America.

Since a general physical examination has been performed by Dr. Fingerhuth, I assume that, except for the lungs, there are no contra-indications to the proposed operation. In our days and performed by a competent surgeon (I am thinking of Prof. A. Brunner, director of the surgical clinics of the University of Zuerich, or Dr. Werner Brunner, chief surgeon of the Zuerich Sanatoria) this operation implies a relatively low risk. I don't even believe that the entire upper lobe of the lung must be removed. The resection of the tuberculous parts, e. g., 1 or 2 lung segments will suffice. The respiratory function as a rule is not influenced by operations of this kind. My daily contact with former patients, who underwent such operations shows that they are entirely fit and that they have much less relapses than patients treated otherwise.

The enclosed reprint *Changes in the Surgical Treatment of Pulmonary Tuberculosis* will show you that in modern sanatoria the operative resection is among the most frequent operations. Page 13 of the booklet *Tuberculosis is Curable and Preventable* will give you the explanation for the respective technical terms.

It is from my vast experience and the thoughts expressed above that I would advise you to the best of my knowledge to have the tuberculoma removed surgically, by one of the above recommended surgeons.

With every best wish,  
Sincerely yours,

A. WERNLI.

Upon consideration of all the facts in this case, the committee is of the opinion that H. R. 7729 should be enacted and accordingly recommends that the bill do pass.

